

Applicant			
Contact Name			
Contact Address			
Phone No		E-mail	
<p>If you are making this application on behalf of another person or organisation or for the benefit of another person or organisation, please provide the name of the person or organisation:</p>			
<p>If you are making this application on behalf of an organisation please highlight their aims and objectives:</p>			
<p><i>Please supply a copy of the latest accounts of the organisation.</i></p>			
<p>Reason for Application: <i>Please briefly describe the purpose of the Grant you are seeking. If you need more space simply write "see attached" and set out on separate paper:</i></p>			
Primary Issue		Primary Beneficiaries	
Other Beneficiaries		Approx Number of Beneficiaries	
Total amount of Grant you are seeking from the PPSCT	<p><i>Is this an estimate?</i> Yes / No</p>	When is the Grant Needed	
Total Project Cost		Total Amount Raised So Far (if applicable)	
Date of Application			

Where **other fundraising or financial support** is involved in your project please set out below the details of the other people or organisations that are involved and state if their funds are committed, paid or are subject to any conditions.

Further details. *Please provide any further details of the project as a whole to assist in the Trustees understanding of your project, for example the capital and projected running costs and the current status of the project. If appropriate please provide any reports, appraisals and drawings/photographs. Please note in the relevant boxes where you have attached information:*

Project Description	Yes / No	Reports and Quotes	Yes / No
Financial Appraisal	Yes / No	Drawings/Photographs	Yes / No
What partners will you work with?			
Activity Cost Breakdown, for example: Staff Costs Volunteer Costs Capital Costs Other	Estimated Cost	Value of "Work in Kind"	
How will the project meet the objectives of the PPSCT grant making policies?			
How will you measure and report on the positive changes made?			
Anything else which you feel will be useful to the Trustees when considering your application			

Grant Application Form
PPSCT Charity Registration Number 1160279



In making this application I have provided a true statement in all respects as far as I am aware and confirm that it is my understanding that the Trustees are under no obligation to consider this application within any timetable.

I further understand that I will keep this application and related correspondence confidential from the media unless agreed otherwise with the Trustees.

I confirm my understanding and acceptance that the Trustees are under no obligation to grant or treat in any other way and all grants and support are made entirely at the Trustees discretion and who are not under any obligation to provide reasons for their decisions.

I confirm that I have read the PPSCT Grant Making Policies.

Signed by the Applicant:	
Date	

Trust Use Only:

Date Received		By	
Application Number			
Committee Review Dates			
Award/Decline		Date	